

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027591

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 163

Primary Registration District No. 5396

Registrar's No. 433

FILED AUG 13 1962

1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Valle Twp.

Length of stay in lb

4 Days

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Rt. 3, DeSoto, Mo.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ill.

b. COUNTY

St. Clair

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

E. St. Louis

d. STREET
ADDRESS

(If outside, give location)

9164 Forrest

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Tanner

Beswick

4. DATE
OF DEATH

Month

Day

Year

Aug.

5, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/18/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Benjamin Beswick

13b. MOTHER'S MAIDEN NAME

Yula Greer

14. NAME OF HUSBAND OR WIFE

Helen Beswick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes

W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

W. R. Beswick

9230 Fairdale

Rock Hill 19, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from CORNER'S VIEW

and last saw her

Death occurred at

3:45 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/8/62

23c. NAME OF CEMETERY OR CREMATORY

College Hills

23d. LOCATION (City, town, or county)

Lebanon,

Illinois

24. FUNERAL DIRECTOR

ADDRESS

KURRUS

E. St. Louis, Illinois

25. DATE RECD. BY LOCAL REG.

8-8-1962

26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1962

DEC 4 1962

JAN 24 1963

APR 5 1963

AUG 14 1962

AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address Do Lato Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.